BEST AVAILABLE COPY

10/01266	9
Application or Docket Number	

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

42398P1033

									, ,			
		CLAIMS AS	Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			19				R	ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			19 min	us 20=	• 4		X	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = *			X42		42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							1	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL			TOTAL	740
CLAIMS AS AMENDED - PART II (Column 1) (2-9-04 (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
20₹	Total .	. 13	Minus	* 0	20_	= /	×	\$ 9=		OR	X\$18=	
WE	Independent	• 3	Minus	***	3	-	×	42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		+1	40=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER HOUSLY D FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	\$1R		=	×	\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	CAIDEN	T.C.I. AUA	[=	X	42=		OR	X84=	
L	THIST PRESE	NTATION OF M	ULITE UEF	CINDEN	I CLAIM		1	40=		OR	+280=	
		-6					ADD	TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	1242	=	Į ×	42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM) -				}	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. YOTAL										OR	+280=	
** If the entry in column 1 is less than 10 in the entry in column 1 is less than 20, enter "20." ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	The "Highest Nur	nher Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numb	er round i	n the ap	opropriate bo	X IN CC	WMN 1.	